## Juvenile Accountability Block Grant Program LOCALITY QUARTERLY PROGRESS REPORT Department of Criminal Justice Services 805 East Broad Street, 10th Floor Richmond, Virginia 23219

GRAI	NT NO LOCALITY:				
PERIC	ERIOD COVERED BY THIS REPORT:				
DATE	COMPLETED:				
PROGRAM TITLE (IF ANY):					
Type/Print Project Director's Name:					
TELEPHONE NUMBER:					
EMAIL ADDRESS:					
I.	STATEMENT OF GRANT AWARD/ACCEPTANCE (SOGA)				
	Signed YES NO				
	ReturnedYESNO				
	Please return signed originals of SOGA with certifications and assurances.				
II.	Advisory Board (formerly Juvenile Crime Enforcement Coalition (JCEC))				
	a) Have they met during the past quarter?  YES  NO				
	b) Describe the activities of the Advisory Board during the quarter. (For example, changes in membership, # of meetings, summary of actions, award of funds, monitoring of expenditures and progress)				
III.	COORDINATED ENFORCEMENT PLAN (CEP) for REDUCING JUVENILE CRIME  a)For the current grant period, has the Advisory Board				
	reviewed YES NO updated YES NO amended YES NO the CEP?				

b) If the Advisory Board made changes to the CEP, please describe these

changes.

d) Describe each purpose area and the activity (s) that the Advisory Board will expend funds on during this grant period. What are the expected outcomes? (NOTE: This is your annual allocation plan)

## IV. JABG PROGRAM PURPOSE AREA ACTIVITIES:

For the quarter, describe the status of each program purpose area activity and funds expended so far. (for example, implementation of plan and expenditures ytd)

## V. <u>ADDITIONAL COMMENTS:</u>

Please address additional progress comments on a separate sheet of paper.

TECHNICAL ASSISTANCE Do you have a TA need?	YES	NO
Please explain. Use separate sheet if necessary.		
ı ı		
Project Director's Signature:		Date:

## **Additional comments:**